

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10675086

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
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16	1					
17	1					
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20						
21	1					
22		1				
23		1				
24		3				
25	1					
26	1					
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32		5				
33	1					
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47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	32					
TOTAL CLAIMS	41					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						